

TRANSMITTAL FORM		Application No.:	10/608,757
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		First Named Inventor:	Yao Wang, et al.
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		Group Art Unit	2164
		Examiner:	Adams, Charles D.
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ENCLOSURES <i>(check all that apply)</i>			
<input checked="" type="checkbox"/> Authorization for the Commissioner to charge Deposit Account No. 05-0889 for fees associated with this transaction <input checked="" type="checkbox"/> Amendment/Response <div style="margin-left: 20px;"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Decl. </div> <input checked="" type="checkbox"/> Extension of Time Request for 1 Month <input type="checkbox"/> Request for Continued Examination Transmittal <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment <input type="checkbox"/> Recordation Cover Sheet <input type="checkbox"/> Declaration/Power of Attorney <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> Revocation of Power of Attorney <input type="checkbox"/> Formal Drawings <input type="checkbox"/> Letter to Official Draftsperson with three (3) sheets of redlined changes to drawings <input type="checkbox"/> Copy of PTO 948, "Notice of Draftsperson's Patent Review" <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Additional Enclosures:	<input type="checkbox"/> Petition for Revival of an Unintentionally Abandoned Application [37 CFR 1.137(b)] (in duplicate) <input type="checkbox"/> Fee Transmittal (in duplicate) <input type="checkbox"/> Form PTOL-85B, Part B -Issue Fee Payment Transmittal," (in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Certificate of First Class Mailing <input type="checkbox"/> Certificate of Express Mail Mailing <input checked="" type="checkbox"/> Submitted via EFS-Web In Accordance with §1.6(a)(4)	
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Date <u>September 28, 2009</u>		<u>/Joseph D'Angelo/</u> Joseph D'Angelo, Esq. (Reg. No. 56,800) EMC Corporation Office of the General Counsel 176 South Street Hopkinton, MA 01748	
Tel: (508) 293-7450 Fax: (508) 293-7189			